

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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1/10/03
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LOBBYIST REGISTRATION FORM

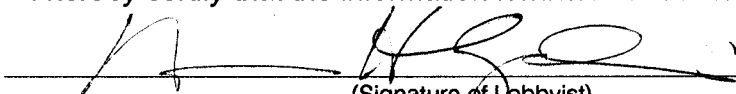
(See back of this form for instructions)

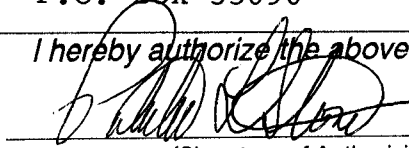
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SUZUKI	NORMAN	H.	808-521-2661
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1188 Bishop Street, Suite 1805	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys, A Law Corporation			808-521-2661
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1188 Bishop Street, Suite 1805	Honolulu	HI	96813

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Brown and Williamson Tobacco Corporation			502-568-7155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
401 S. Fourth Avenue, P.O. Box 35090	Louisville	KY	40202
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Patrick Stone, Senior Manager, Government Affairs			502-568-7155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 35090	Louisville	KY	40202

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Tobacco related issues
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	1-5-03 (Date)

PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Patrick Stone	Senior Manager, Government Affairs		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Brown and Williamson Tobacco Corporation	502-568-7155		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 35090	Louisville	KY	40202
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)			1/3/03 (Date)